CONTINUE ON REVERSE

EPA Form 8700-12 (6-80)

Ì	SEFA	NOTIFICAT	TON OF HAZARD	OUS WASTE AC	TIVIT		TIONS: If yo		
Ì	INSTALLA- TION'S EPA				******	informatio	k it in the spon on the labe	l is incorrec	t, draw a line
١	I.D. NO.			in the app	t and supply propriate secti	on below. I	f the label is		
	I. STALLATION	East Coast	Chemical Dispo	sal, Inc.		below blan	and correct, I nk. if you did	not receive	a preprinced
ı	INSTALLA-		27, Spring Hous			single site	plete all item where hazar	dous waste	is generated,
ı	II. MAILING ADDRESS	PLEA	SE PLACE LABEI	IN THIS SPACE	E	porter's p	tored and/or rincipal place	of business	. Please refer
I		201 East Te	enth Street				STRUCTIONS before com		
١	LOCATION	Marcus Hool	. PA 19061			information requested herein is required by law (Section 3610 of the Resource Conservation and			
١	LATION			,		Recovery .	Act).		
ž	FOR OFFICIAL	USE ONLY		ren a Salai A <sub>ren</sub> a a Burk		N. E.			2.5
ĬŽ			CC	MMENTS					
2	C								
	INSTALLATI	ON'S EPA I.D. NUN	BER APPROVED	(yr., mo., & day)					•
	FPAD198	070616	2 1/1						
	I. NAME OF INS	TALLATION				100		4/10/16/5	
	EAST	COAST	CHEMICA	LDISPO	SAL	INC			
ı	11. INSTALLATI	ON MAILING AD	DRESS	#1#########	47.44	(A 14)		67 L	
			STREET OR P.O. BOX						
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	III. LOCATION	OF INSTALLATION	JN Assessment Assessment		100	A STATE OF THE PARTY OF THE PAR	Market Land	10.00	
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А БЕТАСН А	S 2 0 1 E  5 2 0 1 E  6 M A R C U  13 16  IV. INSTALLAT  2 P O T T E  3 16  V. OWNERSHIP  C B E A S T  (enter the appropri  F = FEDERA M = NON-FE  VII. MODE OF T  A. AIR  VIII. FIRST OR  Mark "X" in the ap  If this is not your fi	STREE  A S T T E  CITY  S H O O K  ION CONTACT  NAME A  R M I L E  C O A S T  OWNERSHIP det letter into box)  L DERAL M  FRANSPORTATIO  SUBSEQUENT No propriate box to indi	ON THE STR  OR TOWN  NO TITLE (last first, & j SB. PE  A. NAME OF INSTAL CHEMICA  VI. TYPE OF HAZA  JA. GENERA  STR  ON (transporters only  SC. HIGHWAY  OTIFICATION  cate whether this is your r your installation's EPA	E E T  ob title)  LATION'S LEGAL OF COMMENT	ST. ZIP PA 1 9 41 47 41 47 41 47  WNER SAL  CTIVITY (er  SB. T  on D. L  ppropriate b  cation of haz ce provided be	PHO 2 1 31  INC INC IRANSPOR UNDERGRE DOX(es)) a (specify): ardous was elow.	in the appropriation (co	oriate box( mpiete item	es)) VII)

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)  A. HAZARDOUS WASTES FPOM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheet, if necessary.    Pol 0   1	C	(.D FOR OFFICIAL USE ONLY						
A. HAZARDOUS WASTES FPOM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each istacl hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.    1	•	W T/A C						
A. HAZARDOUS WASTES FPOM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each isted hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.    1	TV DESCRIPTION OF WAZARDOUS WASTES (continued from transf							
waste from non-specific sources your installation handles. Use additional sneet, if necessary.	は、「大き」というとは、大きなない。 これが、これが、これが、これが、これが、これが、これが、これが、これが、これが、							
E O O 1 thru F O 1 8	waste from non-specific sources your installation handles. Use additional sheet, if necessary.	, 4, 5, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,						
### 13	1 2 3 4	5 6						
### 13	F 0 0 1 thm F 0 1 8							
B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.  13  14  15  16  17  18  18  KO 0 0 2 thru  KO 6 9  23	23 - 26 23 - 26 23 - 26							
B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four—digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.    13		11 12						
B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four—digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.    13								
specific industrial sources your installation handles. Use additional sheets if necessary.    13		The state of the s						
K   0   0   2   1	specific industrial sources your installation handles. Use additional sheets if necessary.							
23 - 26	13 14 15 16	17 18						
19	K 0 0 2 thru K 0 6 9							
25 26 27 28 29 30 30 30 30 30 30 30 30 30 30 30 30 30								
C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four—digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.    31								
C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four—digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.  31	23 - 26 23 - 26 23 - 26	23 • 20 23 • 26						
stance your installation handles which may be a hazardous waste. Use additional sheets if necessary.    31	25 26 27 28	29. 30						
stance your installation handles which may be a hazardous waste. Use additional sheets if necessary.    31								
stance your installation handles which may be a hazardous waste. Use additional sheets if necessary.    31	C COMMEDIAL CHEMICAL PROPUCT HAZARDOUS WASTES. Secretary districts	23 - 25 25 25 25 25 25 25 25 25 25 25 25 25						
P 0 0 1 thru P 1 2 2 2 23 - 26 39 40 41 23 - 26 23 - 26 43 44 45 45 46 47 48 A8  D. LISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary								
23 - 26	31 32 33 34	35 36						
23 - 26	P. 0. 0. 1 thm, P. 1. 2. 2							
23 - 26		23 26 23 26						
D. LISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary	37 38 39 40	41 42						
D. LISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary								
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49 50 51 52 53 54	49 50 51 52	53 54						
U 0 0 1 thru U 2 3 9 25 26 25 25 25 25 25 25 25 25 25 25 25 25 25	23 - 26 23 26 23 - 26 23 - 20	4						
E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CrR Parts 261.21 - 261.24.)		rresponding to the characteristics of non—listed						
X1. IGNITABLE X2. CORROSIVE X3. REACTIVE X4. TOXIC								
(D001) (D002) (D003) (D000)  X. CERTIFICATION								
X. CERTIFICATION  Light to the law that I have personally examined and am familiar with the information submitted in this and all								

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Mules Blotter NAM

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

MILES B. POTTER, P.E.

9/30/82

EPA Form/8700-12 (6-80) REVERSE

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SEPA	41.4	ION OF HAZARDOL		IVITY	INSTRUCTIONS: If you received a preprinted				
INSTALLA-		<del></del>		label, affix it in the space at left. If any of the information on the label is incorrect, draw a line					
TION'S EPA			through it and supply the correct information in the appropriate section below. If the label is						
I. STALLATION	East Coast	Chemical Disposa		complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted					
INSTALLA-	P.O. Box 6	27, Spring House,	PA 19477		label, complete all items. "Installation" means a single site where hazardous waste is generated,				
II. MAILING ADDRESS	PLEA	SÉ PLACE LABEL II	N THIS SPACE	1	treated, stored and/or disposed of, or a trans-				
	porter's principal place of business. Please re to the INSTRUCTIONS FOR FILING NOTION.								
LOCATION		enth Street k, PA 19061			CATION before completing this form. The information requested herein is required by law				
LATION		•		l	(Section 3010 of the Resource Conservation and Recovery Act).				
(									
FOR OFFICIAL	USE ONLY	COMP	I SALTE						
			TENTS	ППП	<del></del>				
C 15 16					55				
INSTALLATI	ON'S EPA I.D. NUM	BER APPROVED	(yr., mo., & day)						
FYAD98	10171016116		7 - 22						
1 ME OF INS	TALLATION	191	90 1						
E A S T	COAST	CHEMICAL	DISPOS	AL	INC				
II. INSTALLATION	ON MAILING AD	DRESS							
		STREET OR P.O. BOX	<del></del>	<del>, , , ,</del>					
3 P O B O	x 627				45				
	CITY	OR TOWN	s		CODE				
4 S P R I N	G ноиs	Е		A 1 9	4 7 7				
III. LOCATION (	OF INSTALLATION	ON	40   41	42 47	- 51				
ct t t t t	STRE	ET OR ROUTE NUMBER		7-7-1					
5 2 0 1 E	AST TE	NTHSTRE	ET		45				
73 [16	CITY	OR TOWN	s		CODE				
6 MARCU	s Hook		P	A 1 9	0 6 1				
NSTALLAT	ION CONTACT		40 41	42 47	- 51				
		ND TITLE (last, first, & job t	itle)		PHONE NO. (area code & no.)				
2 POTTE	RMILE	S B. PE			2 1 5 6 2 8 2 9 7 3				
V. OWNERSHIP		•			45 46 - 46 49 - 51 52 - 55				
	<del></del>	A. NAME OF INSTALLA	TION'S LEGAL OWN	ER					
8 E A S T	COAST	CHEMICAL	DISPOS	AL	INC				
enter the appropria	OWNERSHIP ite letter into box)	VI. TYPE OF HAZARD	OUS WASTE ACT		ter "X" in the appropriate box(es/)				
F = FEDERAL		A. GENERATIO	ОМ	<u>Х</u> в. т	RANSPORTATION (complete item VII)				
M = NON-FE		X C. TREAT/STO	RE/DISPOSE	∏p. u	INDERGROUND INJECTION				
VII. MODE OF T		N (transporters only – er	iter "X" in the app	ropriate b	ox(es))				
A. AIR	A. AIR B. RAIL XC. HIGHWAY D. WATER E. OTHER (specify):								
VIII. FIRST OR S			Hadinale form	Ala ( )					
If this is not your fir	oropriate box to indication, enter	cate whether this is your insta your Installation's EPA I.D.	mation's first notifical Number in the space (	tion of haza provi <b>d</b> ed be	ardous waste activity or a subsequent notification. slow.				
					C. INSTALLATION'S EPA I.D. NO.				
🛛 A. FIRST	NOTIFICATION	B. SUBSEQUENT	NOTIFICATION (con	mplete item	c)				
IX. DESCRIPTIO	IX. DESCRIPTION OF HAZARDOUS WASTES								
Please go to the reverse of this form and provide the requested information.									
EPA Form 8700-12 (6-80)									

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$igcup_{\mathcal{C}}$			I.D FOR OFF	ICIAL USE ONLY				
		V	V	T/A C 1				
IX. DESCRIPTION OF HAZARDOUS WASTES (c	ontinued from front							
A. HAZARDOUS WASTES FROM NON—SPECIFIC SOURCES. Enter the four—digit number from 40 CFR Part 261.31 for each listed hazardous waste from non—specific sources your installation handles. Use additional sheets if necessary.								
1 2	3	4	5	6				
F 0 0 1 thru F 0 1 8	3 26	23 - 26	23 - 26	23 - 26				
7 8	9	10	11	12				
23 - 26   23 - 26   2	1 1 1 1	23 26	23 - 26	23 26				
B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.								
specific industrial sources your installation handles. Use								
13 14	15	16	17	18				
K 0 0 2 thru K 0 6 9	26	23 26	23 - 26	23 - 26				
19 20	21	23 26	23 26	24				
	TTT							
23 - 26 23 - 26 2 25 26	27	28 - 26	29	30				
	<del></del>	<del> </del>	<del>                                      </del>					
C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS	MASTES Enter the f	za - ze]	23 - 26 261 22	for each chamical sub				
stance your installation handles which may be a hazardo	us waste. Use addition	al sheets if necessary.	11 40 CFN Falt 201.33	tor each chemical sub-				
31 32	33	34	35	36				
	<del>111</del>		<del>                                      </del>					
P 0 0 1 thru P 1 2 2								
23 - 26 23 - 26 2 37 38	39	40	41	42				
l <del>liitl liitl</del> l	<del></del>	<del>- i -  </del>	<del>                                     </del>	<del>                                      </del>				
23 - 26 23 - 26 2		23 - 26	23 - 26	23 - 26				
43 44 +	45	46	47	48				
23 26 23 26 2	26	23 26	23 - 26	25 26				
D. LISTED INFECTIOUS WASTES. Enter the four—digit hospitals, medical and research laboratories your installa				rom hospitals, veterinary				
49 50	51	52	53	54				
U 0 0 1 thru U 2 3 9								
23 - 26 23 - 26 2		23 - 26	23 - 26	23 - 26				
E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)								
	RROSIVE	X3. REACTIV		X 4. TOXIC				
X. CERTIFICATION (D002)		(D003)	(0	9000)				
I certify under penalty of law that I have person	ally examined and	am familiar with	he information sub-	nitted in this and all				
attached documents, and that based on my inqui	ry of those individu	als immediately re	sponsible for obtain	ing the information.				
I believe that the submitted information is true, or	iccurate, and compl	ete. I am aware the	at there are significa	int penalties for sub-				
mitting false information, including the possibility								
SIGNATURE	NAME & OFFICIA	L TITLE (type or prin	t)	DATE SIGNED				
Jan Du								
1 ples / 3 / votter	MILES B	. POTTER, P.E	•	9/30/82				
EPA Form 8700-12 (6-80) REVERSE								

## East Coast Chemical Disposal, Inc.

1200 WEST BLANCKE STREET, LINDEN, NEW JERSEY 07036

(201) 862-1106

January 21, 1983

EPA
Region 3
Sixth and Walnut
Code 3AW32
Philadelphia, Pennsylvania 19106

To whom it may concern:

I am one of the principals of East Coast Chemical Disposal, Inc.

I have spoken to Stanley Davis, Esq. and have discussed the functioning of East Coast Chemical Disposal, Inc. He is aware and knowledgeable of our type of operation and has no objections to our operating at Marcus Hook, Pennsylvania.

Hope this meets with your approval.

Sincerely,

Rálph Marri

RM/jc

rm 3510-3 (6-80)

ESCRIPTION OF HAZARDOUS WASTES (conse this space to list additional productional pr	tinued) CESS CO	DES FR	OM IT	M D(1	ON PAGE					3V (100)
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EPA I.D. NO. (enter from page 1)										
7/45										
11111										
ACILITY DRAWING isting facilities must include in the space provided on the space provid	page 5 a sci	ale drawi	ing of the	facility	(see instruction	ns for mor	e detail).			
HOTOGRAPHS			AL AL				3.300	Service And	The African	
xisting facilities must include photographs (aeric	age, treat	ment of	r disposa	l areas	(see instructi	ons for n	nore det	s; existing e//).	y storage,	
FACILITY GEOGRAPHIC LOCATION	Assize (Assign	15.6.3	1,135,271							
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3 9 4 7 06					77	121	215	01010		
A. If the facility owner is also the facility operator as t	isted in Sec	rtion VII	I on For	n 1 "G	eneral Informat	ion" plac	e en "X"	in the box	to the left	and
skip to Section IX below.	18160 111 301	ALIGH WI	ii oji raii	,, .,	***************************************	iren , piac	<b></b>	III tilly box		
he facility owner is not the facility operator as it	sted in Sec	tion VII	I on Form	n 1, com	nplete the folio	wing item	<b>s</b> :			, ,
1. NAME OF FACIL	ITY'S LEC	AL OW	NER				2. 1	PHONE NO	o. (arva cou	(e & no.)
East Coast Chemical Dispo	osal,	Inc.							1	
3. STREET ON P.O. BOX		oti wicytr	4. ¢	ITY OF	TOWN		5. ST.	6.	ZIP CODE	
201 East Tenth Street	G	Marc	us H	ook	and the same of the same and th		PA	1 9	061	
WNER CERTIFICATION									3.7	
ify under penalty of law that I have personally ments, and that based on my inquiry of those in	examined ndividuals	l and an Immed	n familia Nately ra	r with	the informati ble for obtain	ion submi ina the ii	itted in t oformati	this and a ion I beli	II attached	d he
itted information is true, accurate, and completed ing the possibility of fine and imprisonment.										
.ME (print or type)	B. SIGN	ATURE		<del></del>			C. DAT	E SIGNE	<b>D</b>	
'ERATOR CERTIFICATION										
ify under penalty of law that I have personally										
nents, and that based on my inquiry of those li itted information is true, accurate, and complet ling the possibility of fine and imprisonment.										
ME (print or type)	8. SIGN			<del></del>		<del></del>	C. DAT	E SIGNE	D	
Ralph Marri	Xa	1	<u> </u>	M	arri					

PAGE 4 OF 5

CONTINUE ON PAGE &

## LETTE : OF TRANSMITTAL Municipal Environmental \_\_sociates, Inc. Finore Building - Bethlehem Pike P. O. Box 627 Spring House, Penna. 19477 215-628-2973 TO **GENTLEMEN:** the following items: WE ARE SENDING YOU ☑ Attached ☐ Under separate cover via\_ □ Prints □ Plans □ Specifications ☐ Shop drawings □ Samples □ Copy of letter □ Change order ٦ES DATE Notification of Hazardons Waste Activity 9/30/82 THESE ARE TRANSMITTED as checked below: ☐ Furnish as submitted ☐ Revise and Resubmit ☐ Furnish as corrected ☐ Submit specified item For your use ☐ Rejected □ Return \_\_\_\_\_corrected prints ☐ As requested □ For review and comment REMARKS\_\_\_

COPY TO ECCT

SIGNED:

3 Foller

## LETTE OF TRANSMITTAL Municipal Environmental Associates, Inc. Finore Building - Bethlehem Pike P. O. Box 627 Spring House, Penna. 19477 215-628-2973 TO GENTLEMEN: ☑ Attached □ Under separate cover via \_\_\_\_ WE ARE SENDING YOU \_\_\_the following items: □ Shop drawings □ Prints □ Plans □ Samples □ Specifications □ Copy of letter □ Change order DATE NO. THESE ARE TRANSMITTED as checked below: ☐ Furnish as submitted ☐ Revise and Resubmit For your use ☐ Furnish as corrected ☐ Submit specified item ☐ Return \_\_\_\_\_corrected prints ☐ As requested ☐ Rejected ☐ For review and comment REMARKS Would appreciate ID No. ASP - Working on Transportation COPY TO\_

If enclosures are not as noted, kindly notify us at once

**FORM 006** 

## MUNICIPAL ENVIRONMENTAL ASSOCIATES, INC.

CONSULTING ENGINEERS

FINORE BUILDING - BETHLEHEM PIKE • P. O. BOX 627 • SPRING HOUSE, PENNSYLVANIA 19477
PHONE 215 628-2973

MESSAGE	REPEY
Y.S. EPA	DATE
Gil Horwitz	
6th + Walnut Sts. Phila, PA 19104	
DATE 3/9/9/2	
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